

## **Application Data Sheet**

### **APPLICATION INFORMATION**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks:

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: SPRAYING SYSTEM WITH AUTOMATED NOZZLE  
CLEANING DEVICE

Attorney Docket Number:: 225518

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 2

Total Drawing Sheets:: 5

Small Entity?:: No

Latin Name::

Variety denomination name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

## APPLICANT INFORMATION

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: David  
Middle Name::  
Family Name:: Proulx  
Name Suffix:: Jr.  
City of Residence:: P.O. Box 395  
State or Prov. of Residence:: New Hampshire  
Country of Residence:: US  
Street of mailing address:: P. O. Box 395  
City of mailing address:: Franklin  
State or Province of mailing address:: New Hampshire  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 03235

## CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23460  
Phone:: (312) 616-5600  
Fax:: (312) 616-5700  
E-mail Address:: mail@leydig.com

## REPRESENTATIVE INFORMATION

Representative Customer Number:: 23460

Representative Designation::	Registration Number::	Representative Name::
Primary	24703	Dennis R. Schlemmer
Associate	41397	Y. Kurt Chang

## **DOMESTIC PRIORITY INFORMATION**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This is a	Non Provisional of	60/433,663	12/16/02

## **FOREIGN APPLICATION INFORMATION**

Country::	Application Number::	Filing Date::	Priority Claimed
-----------	----------------------	---------------	------------------

## **ASSIGNEE INFORMATION**

Assignee name::	Spraying Systems Co.
Street of mailing address::	P.O. Box 6900
	North Avenue at Schmale Road
City of mailing address::	Wheaton
State or Province of mailing address::	Illinois
Country of mailing address::	US
Postal or Zip Code of mailing address::	60189-7900